DEPARTMENT OF HEALTH AND HUMAN SERVICES
STRATEGIC PLAN FOR SENIORS
YEAR THREE PLAN STATUS
JULY 17, 2006

INTRODUCTION

The Senior Strategic Plan covers a 10-year period beginning in July 2003. This report assesses the third year of the Plan, ending July 1, 2006 and is divided into four sections corresponding to the different types of information contained within.

This year's update will cover the Senior Strategic Plan Accountability Committee personnel changes (Section One), accomplishments consistent with the Strategic Plan this reporting period (Section Two) and the Committee's own priorities for 2006 (Section Three). The final Section will identify goals and priorities from other bodies that the Committee will support, such as the 2006 Disabilities Plan Update.

SECTION ONE

COMPOSITION OF THE 2006 SENIOR SERVICES STRATEGIC PLAN ACCOUNTABILITY COMMITTEE

At the March 8, 2006 meeting of the Committee, the former Vice-Chair – Connie McMullen – was elected the new Chair, replacing the original Committee Chair, Sue Rhodes.

The other Committee members included remaining members, besides past Chair, Sue Rhodes (Clark County Social Service), Kathy McClain (Nevada State Assembly), Charles Perry (Nevada Health Care Association), Jackie Ridley (Senior Representative), and Dottie Piekarz (Washoe Adult Day Care – retired) who has since resigned from the committee.

New members included David Bobzien (Commission on Aging), Barry Gold (AARP and new Vice-Chair), Jerry Johnson (Senior Advocate Program – Clark County), Wendy Knorr (Director – Alzheimer's Association Chapter of Northern Nevada), Sherry Rupert (Nevada Indian Commission), Liliam Shell (Nevada Health Centers, Inc.) and Janice McIntosh (Director – Carson City Senior Center).

Staff members include Mary Liveratti (Deputy Director, Department of Health and Human Services), Carol Sala (Administrator, Division for Aging Services), Dale Ann Luzzi (Executive Assistant, Division for Aging Services), Mel Phillips (Management Analyst, Division for Aging Services) and Connie Anderson (Division of Health Care Financing and Policy).

At the May 3, 2006 meeting of the Committee, the following work groups were formed and Committee members assigned:

1. Out-of-State Placement – Wendy Knorr (Facilitator), Sue Rhodes and Connie McMullen will track behavior health funding for people with dementia in the New Real Systems Change Grant under the Deficit Reduction Act (Submitted to CMS in June. Lead agency Medicaid/ODS). Work group members will also interface with the Out-of-State Placements Committee, facilitated by Elder Rights Attorney Sally Ramm - which is seeking to develop legislation regarding out-of-state placements, mental health funding for people with dementia, and guardianship regulations.

2. Health Workshop – Liliam Shell (Facilitator), Barry Gold, Sherry Rupert and Janice McIntosh - Advanced a matrix listing recommendations to Health Care Committee/Task Force for the Fund for a Healthy Nevada. (Matrix is on Page 6.)

3. Transportation/Housing – Connie McMullen (Facilitator) and Jerry Johnson met with RTC Clark County and Helping Hands of Vegas Valley to strategize on Southern Nevada transit needs during the Senior Solutions Forum. The work group suggested creation of a foundation of private and public providers, Park N Ride services from outlying communities to fixed route service, paying volunteers a stipend for work and encouraging cab drivers to better serve the aging community. Discussion included the topic regarding on demand service funded by federal dollars matched with local private funds.

   The Committee may also support future meetings such as a Northern Nevada Senior Solutions Forum.

SECTION TWO

ACCOMPLISHMENTS THIS REPORTING PERIOD

- Nevada conducted two official White House Conference on Aging (WHCoA) Solutions Forums in Nevada in preparation for the WHCoA held in Washington DC in December 2005. Nevada sent 14 delegates.

- The Single Point of Entry (SPE) concept has shown significant development during the last year. The 2-1-1 system has been implemented in both Northern and Southern Nevada with support coming from a grant of $340,000 for each of the next two years from the Fund for a Healthy Nevada.

- In the fall of 2005, the Division for Aging Services received a three-year grant totaling $250,000 each year to establish Aging and Disability Resource Centers (ADRC) in Nevada. These are to serve as single point of entries for physically disabled Nevadans and seniors as to their long-term care options, including access to publicly funded programs such as Medicaid. Committee member Kathy McClain, Assemblywoman, is the Chair of the Statewide ADRC Advisory Board.

- Based on recommendations of the Commission on Aging and the Governor, AARP hosted a successful Nevada Prescription Drug Policymakers Summit.

Also, the Commission on Aging successfully supported legislative action allowing Nevada access to Canadian mail order pharmacies.

- A statewide survey of seniors, supported by the Fund for a Healthy Nevada was conducted in the spring of 2006. The results of this survey will help identify senior needs.

- The 2005 Legislature earmarked $200,000 of the tobacco settlement funds allocated to the Division for Aging Services to support affordable assisted living developments similar to the Silver Sky affordable assisted living complex in Las Vegas. The funds are set aside as an assurance to expand assisted living waiver access as an incentive for the development of future projects. Silver Sky will be used as a model for other such developments throughout the State.

- Helping to meet the "workforce" goals of the Strategic Plan, the 2005 Legislature approved an increase in the reimbursement rates to providers of personal care services by $1.50/hr. Budgets for state agencies providing this service reflected this increase. The rate increase was $.75 in FY2006 and $.75 in FY2007.

- The Division for Aging Services continues to progress using Synergy software to integrate all internal databases and is soon to reach out to its grantees and establish interagency electronic data transfer capabilities.

- The Division for Aging Services has received 3rd year funding of a three year grant from the Administration on Aging's Alzheimer's Disease Demonstration Grants to States (ADDGS). Although the Federal funds for FY06/07 are only $300,000 versus $311,150 last year, the match has been increased to $245,455. This means that programs serving those with dementia and their families will receive a total amount in support of $545,455 in the next calendar year. A substantial portion of these funds will go to respite care.

- Senate Bill 5 (2005 Special Session) allowed the licensing and inclusion of Canadian pharmacies to sell drugs by mail order to Nevada residents. In April 2006 the State Pharmacy Board approved the licensing of four Canadian pharmacies for this purpose. Since then, a website has been created and Nevada residents are using it in increasing numbers.

- The Division for Aging Service's State Health Insurance Program (SHIP) was able to answer Nevada seniors' concerns about Medicare Part D and helped thousands complete their paperwork and get signed up by May 15, 2006, as required by CMS. In addition, Nevada's Senior Rx assisted seniors in coordinating medication benefits in anticipation of the full implementation of Medicare Part D. As of June 11, 2006 a total of 277,969 Nevada Medicare beneficiaries have some type of prescription drug coverage. This was 92% of all Medicare beneficiaries in Nevada.

- The 2005 Legislature approved funding for the Division for Aging Services to hire a fulltime Quality Assurance Manager for the Community Based Care programs. This allows the Division to maximize its reimbursement from CMS, track and trend care provision and increase the quality of services provided to seniors in the program.

- Sanford Center for Aging established the Medication Management Pilot Project as a model for helping seniors understand and manage their prescription and over-the-counter medications to avoid duplication and counter indication between medications.

- Dental services were established through Nevada Health Centers Inc. in Las Vegas and Elko and through the Foster Grandparent Program in Reno. A total of $300,000 in Tobacco Settlement Funds is provided from the Division for Aging Services for these programs.

- CitiCare in Reno received a grant from the Division for Aging Services that helps seniors access transportation via a van and taxi rides. This was an especially important service for seniors who lived in the outlying areas surrounding Reno/Sparks. People living in these areas experience many of the same transportation problems as rural residents. CitiCare also received funding from the Fund for a Healthy Nevada to provide transportation to people with disabilities.

- Southern Nevada Center for Independent Living (SNCIL) was awarded a grant by the Fund for a Healthy Nevada to establish a pilot program designed to set up collaboration with the Division of Health Care Financing & Policy's Facility Outreach Community Integration Service program (FOCIS). FOCIS conducts outreach and develops transition plans for individuals seeking to transition from institutions into community living. This funding will allow SNCIL to facilitate these transitions. The end result will be Medicaid cost savings as consumers are facilitated in their transition from institutional care. This pilot project, as well as FOCIS itself, could serve as a template for creating a resource to assist in the deinstitutionalization of Nevada's seniors.

- State Board of Health now requires residential facilities to obtain an endorsement on its licensing in order to offer "assisted living services". This is to help consumers understand the services that are provided.

- The State Board of Health is in the process of developing regulations in personal care services in the home to require agencies to be licensed. Training and background checks will also be required of personal care attendants to provide non-medical services related to personal care.

- The State Board of Health adopted proposed amendments (AB 271) to NAC 449.0178 to change regulations pertaining to Hospice Care which amend the

definition of “Terminally Ill” from a life expectancy of six months to a life expectancy of 12 months. Approved June 16, 2006.

SECTION THREE

COMMITTEE’S 2006 PRIORITIES

The Committee supports the following upcoming budget requests of the Division for Aging Services:

- Increase in the number of waiver slots, including CHIP, WEARC and AL.

- Addition of Division for Aging Services Information Technology personnel. This increase in agency infrastructure is critical to assure the continued development of technology to support single point of entry, consolidation of data and ADRCs.

The committee supports the ”Money Follows the Person” initiative and supports amending NRS Chapter 439-B. The recommendation is to amend NRS 439-B to include a reporting requirement for any health care facility discharging or transferring an individual to a nursing home. Nevada should consider the adoption of an approach to rebalance its budget to ensure appropriate resources for community services as individuals leave nursing facilities. This initiative would provide an opportunity to transition individuals from nursing facilities to community residential settings without increasing Medicaid costs to the state.

In addition, the Committee supports the following:

- Legislative action in 2007 to restore clergy and attorneys as mandatory reporters under NRS 200.5091.

- Creation of a Standing Legislative Committee for Seniors, Adults with Disabilities and Veterans.

- Permanent funding for the statewide 2-1-1 system.

- An online affordable and accessible housing registry that would require any builder who uses state, local and federal funds to register any available openings.

- A shift to home and community based services from institutional care and request more waiver slots in the Division for Aging Service’s CHIP and WEARC waiver programs.

The Senior Strategic Accountability Committee Health Workgroup also met and developed the following goals and strategies which were endorsed by the Committee as a whole:

SUGGESTED PRIORITY	DESIRED OUTCOME	HOW DO WE GET THERE?
PROVIDER AVAILABILITY (BOTH MEDICAL AND DENTAL)	Goal: Target Area 3 All senior citizens should have adequate and timely access to a medical or dental provider.	Strategies The Legislature of the State of Nevada needs to invoke a way to attract providers to Nevada. -Nevada Medical/Dental School graduates could be enticed to practice in Nevada -More providers need to be enticed to accept Medicare and Medicaid patients. This problem will grow unless addressed as Nevada's population grows. Legislature could consider things such as reimbursement of tuition costs after practicing in Nevada for a period of time or subsidizing expenses for providers in rural areas. Some ideas the committee also developed were traveling services for specialty care in rural areas.
DENTAL CARE	Goal: Target Area 3 Dental Care that is available and cost effective for all Seniors.	Strategies Ideal would be for Medicare to cover. On a state level: Legislature could fund expansion of Senior RX to cover dental care for seniors. Medicaid should cover preventive and restorative care for adults. Expand current grant for dental care.
HOME HEALTH	Goal: Over-Arching Strategy 5 Expand waiver so that all persons wanting to be cared for at home and meeting the eligibility criteria for Home Based care can choose to do so.	Strategies Legislature should fund the expansion. All Community colleges should offer training/certification in home health care. High Schools and Vocational Schools can also be encouraged to train students in the home health care field.
VISION CARE	Goal- Target 3 Vision Care that is available and cost effective for all Seniors.	Strategies Ideal would be for Medicare to cover. On a state level: Legislature could fund expansion of Senior RX to cover vision care for seniors, Create a grant similar to the grant for dental care for vision care.

SECTION FOUR

COMMON PRIORITIES WITH THE DISABILITY STRATEGIC PLAN 2006 UPDATE

1. Establish Regular Funding for the 2-1-1 Telephone System

   A universal need in all social service programs is a single point of access for information on the complicated array of available services. With 2-1-1, anyone in Nevada will be able to dial 2-1-1 on their telephone and receive help finding the assistance or information they need. How often do we say to one another, "I didn't know that program existed" or "Who do you call to access those services?" 2-1-1 can address these issues for public and private health and human services in Nevada.

2. Mandate Property Owner/Manager to Participate in Nevada's New Affordable/Accessible Housing Registry

   There is a shortage of accessible housing in Nevada, which can be addressed through an affordable/accessible-housing registry. For over a decade the Americans with Disabilities Act has required new apartment complexes to include a certain number of accessible units. Unfortunately these units are often leased to able-bodied tenants because property owners are understandably unable to identify potential tenants with disabilities.

3. Make the Necessary Policy Changes to Allow a "Money Follows the Person" Model Throughout Medicaid Services

   In keeping with the Olmstead Decision, to allow Medicaid recipients to receive services in a variety of settings, as we have recommended in Section Three above, we concur with the SPAC for Persons with Disabilities in supporting the MFP model.

The Committee supports the following recommendations of the Interim Legislative Committee on Health Care as found in its draft strategic health plan.

- Expand program eligibility, enrollment and service coverage under the State's Medicaid and SCHIP programs.
- Increase rates paid to home health providers (and personal care attendants).
- Pay enhanced rates to free standing in-state nursing facilities to care for behaviorally challenged Medicaid recipients.
- Develop and implement strategies to most effectively increase the number of case managers.
- Eliminate the waiting lists for all Medicaid home and community based waivers through increased funding of waiver slots.

- Expand mental health/substance abuse parity requirements to incorporate a wider array of services and covered diagnoses.

- Increase funding for Senior Rx and Disability Rx programs.

- Develop an Office of Health Planning adequately funded by the State that will be created to oversee health care planning and policy development within Nevada and includes an advisory panel with stakeholder input.

- Collect and integrate available health data, perform analysis, plan for the health system needs, and promote accurate information about health care costs to public and policy makers.

- Promote more informed decision-making through the dissemination of information about the quality and cost of health care services.

- Perform community needs assessments throughout Nevada that will serve as the basis for responding to gaps in services and disparities among populations to ensure the identification of needs and better health outcomes.

- Expand the Oral Health Care Program with additional resources to increase access for oral health care for all ages (including Medicaid coverage for adults).

NORTH AND SOUTH SOLUTIONS FORUMS

In preparation for the 2005 White House Conference on Aging (WHCoA), Nevada held two "Solutions Forum", one in the North and one in the South. Included here are the top four solutions proposed at each Solutions Forum and supported by the Senior Strategic Plan Accountability Committee.

Southern Nevada Forum

1. Shift to Community-Based Care

   Make a fundamental shift in public policy to a community-based system of care instead of the institutionally based system that currently exists.

2. Education of Healthcare Professionals and the Public

   Provide support to better educate health care professionals and the public, particularly aging consumers and their families, about resources available for seniors. Use the news media and other avenues to create this greater public awareness. Provide incentives to encourage more healthcare professionals to be educated in the fields of gerontology and geriatrics.

3. Improved Transportation

   Improve transportation for the state's elderly through a number of means including:

1. Provide training for seniors to use public transportation such as the Senior Mobility and Rider Training (SMART) program in Las Vegas.
2. Make rural senior and public transportation a national priority.
3. Lower amounts for matching grants for rural transit programs.
4. Expand funding for public transportation and paratransit services.
5. Expand funding for non-profit agencies to include mileage reimbursement and hourly stipends for volunteers using their personal vehicles to provide senior transportation.
6. Involve seniors and senior organizations in public transportation route design.

4. Affordable Drugs and Medical Care

Develop a comprehensive approach to controlling costs, simplifying paperwork and excessively complex coverage such as the new Medicare Part D, negotiating bulk purchasing prices on medications and other tactics to reduce the cost of healthcare and provide affordable drugs to the nation's seniors. The federal government must work with the states on these issues.

Northern Nevada Forum

1. Medicare Reform

- Reform Medicare to better serve America's aging population by:
- Including additional coverage for chronic care, disease prevention and management, and wellness programs.
- Rejecting privatization.
- Expanding end-of-life benefits.
- Negotiating with drug companies for more affordable prescription drugs.
- Providing reimbursement for reviewing and managing medications for community residents through certified geriatric pharmacists and nurse care management.

2. Save Social Security

Tax higher incomes and improve the stability of Social Security by increasing, or removing, the monetary cap on wages subject to payroll tax and developing incentives to access benefits at an older age.

3. Senior Centers of the Future

Develop centers with multigenerational programs able to meet the diverse needs and interests of a wide range of seniors in a community, increase funding for rural centers with emphasis on wellness and prevention programming, and develop center volunteer programs.

4. Comprehensive Long-term Care

Develop a comprehensive long-term care policy that enhances programs such as Medicare and integrates local, state and other federal programs.

THE FUTURE

Long term, Nevada continues to face greater costs associated with aging than almost all other states. For example:

- The U.S. Census projects that Nevada's 65 and older population will almost double from 2000 to 2025, from 11% of the population to 21%. This means that Nevada's rank among all 50 states in percent of seniors will go from 44th in 2000 to 15th in 2025.

The following two changes (one positive and one negative) are also likely to have significant impact in the future on the Strategic Plan goals and strategies:

Modernizing the Older Americans Act (OAA)

Currently, the OAA funds services to Nevada's seniors such as home delivered and congregate meals, transportation, adult day care, health promotion, and support for family caregivers.

Reauthorization of the Older Americans Act includes a proposal to pilot Choices for Independence, a $28 million demonstration project to promote consumer directed and community based long term care options.

Choices has a three pronged strategy focusing on: empowering individuals to make informed decisions about their long-term support options; providing more choices for individuals at high risk of nursing home placement; and enabling older people to make behavioral changes that will reduce their risk of disease, disability, and injury.

The Committee supports these changes.

The Federal Deficit Reduction Act of 2005 (DRA)

DRA was signed by President Bush in February and will go into effect July 1, 2006. It now requires proof of citizenship before Medicaid eligibility is granted for the first time. This will mean an additional burden for families and the aging network because nursing homes will have to find documentation for their residents as well as caseworkers dealing with Medicaid waiver clients. This includes individuals with dementia and/or lost or misplaced documentation, etc.

Another major issue is the problem of dealing with seniors with mental illness. This is especially true since Nevada is a state that excludes *dementia* from its definitions of mental illness and considers it an organic (medical) problem. NRS 433A.115 excludes

consumers with dementia and therefore excludes mental health treatment and care of persons with dementia, 65 years of age. Under certain circumstances, consumers often seek care out of state. Thus many resources of the state's Division of Mental Health and Developmental Services are excluded as an asset for the aging network. This is a real problem because, according to the American Association for Geriatric Psychiatry:

> Nearly 20 percent of those who are 55 and older experience mental disorders that are not part of normal aging. Most common disorders, in order of prevalence, are: anxiety, severe cognitive impairment, and mood disorders. Studies report, however, that mental disorders in older adults are underreported. The rate of suicide is highest among older adults compared to any other age group – and the suicide rate for persons 85 years and older is the highest of all – twice the overall national rate.

Also, the Alzheimer's Association projects that Nevada will be one of the four states that will see a 100% increase in individuals with Alzheimer's disease, from approximately 21,000 cases now to 42,000 cases in 2025.

Of special concern to the Committee is that Nevada continues to lag behind the nation in the mix of Medicaid funding between institutional long term care services (nursing homes, etc.) and community based services (waivers, personal care attendants, home health, etc.). 2004 data shows that nationally 35.5% of the total Medicaid long-term care funds go to community based services while only 30.1% of Nevada's Medicaid LTC goes to these services.

Although Nevada has clearly made significant progress in the last year, it is in a race against time if it is to sustain, let alone expand, serving its older generations, especially in this era of flat lined Federal funding and declining tobacco funds.